STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:  390032			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED: 07/24/2023				
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY VALLEY HOSPITAL STATE LICENSE NUMBER: 790101			STREET ADDRESS, CITY, STATE, ZIP CODE: 1301 CARLISLE STREET NATRONA HEIGHTS, PA 15065						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ID BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	E ACTION SHOULD BE COMPLE			
P 0000	This report is the result of an unannounced onsite complaint investigation (CHL23C463P) completed on July 24, 2023, at Allegheny Valley Hospital. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.		ompleted pital. It s and rt IV,	P 0000		CROSS-REFERENCED TO THE APPROPRIATE			
P 0352				P 0352					
LABORATORY I	LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE: (X6) DATE:								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION: (X3) DATE COMPLETE A. BLDG: 00				
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P 0352	Continued from page 1			P 0352				
	103.22 (b)(7) IMPLEMENTATION  (7) The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.  This REGULATION is not met as evidenced by:				The Chief Nursing Officer is ultimately responsible for thi of correction. Education wil given to all Emergency Deparency Registered Nurses on the requirement that an initial parassessment be completed per # POL-6662575, ESI Triage. Upon receipt of a patient for treatment, the requirement is evaluate the patient's pain assessment as part of the init evaluation. The pain assess shall be documented in the norecord.  Auditing of the process will on August 14, 2023, and will records/month. This audit with continue until compliance work components is 100% for three consecutive months. Report compliance will be at the Performance Improvement Committee meeting monthly	is plan il be cartment  ain r policy , 2207.  s to  cial ment medical  begin l be 10 ill ith all ee (3) of  Oversight	Completion Date: 10/01/2023 Status: APPROVED Date: 08/07/2023	

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### Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390032		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: <b>07/24/2023</b>	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY VALLEY HOSPITAL STATE LICENSE NUMBER: 790101			STREET ADDRESS, 1301 CARLIS NATRONA H	LE STREET	Γ		
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P 0352	Continued from page 2			P 0352	The Chief Medical Officer is ultimately responsible for thi of correction. Education will given to all Emergency Department andwritten entries, specifical interpretation results, shall be signed, dated, and timed. Act to the Allegheny Valley Hos Rules and Regulations, Artic section 3.A.(4), "all entries in medical record, including handwritten entries, must be dated and signed". In additional Allegheny Valley Hospital PROT-5171690, Guideline for Patient with Chest Pain/Susp Coronary Syndrome in the Emergency Department, Administration, section 4, "Tophysician on duty will be not and will interpret the EKG immediately and place a notative EKG of the date and time review and initial according and Auditing of the process will on August 14, 2023, and will of the section of the section of the process will on August 14, 2023, and will section of the process will on August 14, 2023, and will section of the process will on August 14, 2023, and will section of the process will on August 14, 2023, and will section of the process will section of the process will section and will section of the process will section o	is plan II be artment int that ally EKG is coording spital cle 3, in the etimed, on, for Care of bected  The ED tiffied ation on e of ly".	

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### Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:  390032			A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED:  A. BLDG:00  B. WING: 07/24/2023		EY			
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P 0352	Continued from page 3			P 0352	records/month. This audit wi continue until compliance wi components is 100% for thre consecutive months. Report compliance will be at the Performance Improvement C Committee meeting monthly	ith all the (3) of  Oversight			
					components is 100% for thre consecutive months. Report compliance will be at the Performance Improvement Components of the Performance Improvement Imp	ee (3) of Oversight			

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P 0352	ENY VALLEY HOSPITAL 13 N		record to provide acility's ing to a patient ent with  "ESI ed 1. To triage of epartment reat first, Initial	P 0352				
	interviews (EMP), and review of a medical re (MR), it was determined the facility failed to good quality care by failing to follow the facility policy for initial patient evaluation and failing thoroughly document review of testing for a substantial who presented to the Emergency Department hypertension and jaw and neck discomfort.  Findings include:  On July 21, 2023, Review of facility policy Triage, 2207 POL-5374395" last approved 6/21/2022, revealed: "Overview statement provide initial assessment and appropriate triall patients presenting to the Emergency Depin order to make decisions as to whom to treat based upon severity of illness or injury and resources needed Administration 3. In		record to provide acility's ing to a patient ent with  "ESI ed 1. To triage of epartment reat first, Initial					

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P 0352	Continued from page 5			P 0352				
	Assessment ".							
	On July 21, 2023, revie	ew of MR1 revealed	that the					
	patient is a 76-year-old	I female who present	ted to the					
	Emergency Departmen	•						
	via ambulance. Review	•						
	complaint revealed: "H		plaints of					
	hypertension, neck/jaw	•						
	approximately 30 minu	-						
	Further review of MR1	_	-					
	documentation to describe the patient's pain assessment.  On July 21, 2023, at approximately 1:22 PM, when							
	asked how or where the							
	an initial pain assessme	<i>'</i>						
	section of EPIC in MR would be documented.	•						
	and EMP4 confirmed t		•					
	was documented for th	-	Sessinelli					
	The documentod for the	is patient.						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
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P 0352	Continued from page 6  On July 24, 2023, review of facility policy "FOL-6073596", last approved 12/1/2022, revealed: " It is the policy of Allegheny H Network that EKGs are available to ensure q care for our patients Administration Em Department - *Must place an order into EPIG each EKG *Response time - Per ED Protoco *Read - Per ED Protocol".  When asked for the ED Protocol referenced at EMP3 provided the following document: "G for Care of Patient with Chest Pain/Suspected Coronary Syndrome in the Emergency Depair PROT-5171690", last approved 7/1/2022. Review of this Protocol revealed: " All pa who present with chest pain or any typical or atypical signs and symptoms of acute coronary syndrome will be treated in a specific manner assure immediate assessment and indicated treatment Administration 2. The initial identifies that a patient is having typical or at ACS [Acute Coronary Syndrome] symptoms		Health quality mergency PIC for col d above, Guideline ted partment 2. patients or nary ner to l al RN that atypical	P 0352				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:  390032				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/24/2023	ĕΥ	
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P 0352	initiate the EKG within 10 minutes 4. The ED physician on duty will be notified and will interpret the EKG and place a notation on the EKG of the date and time of review and initial accordingly ".  On July 21, 2023, at approximately 1:00 PM, review of the EKG strip revealed the ED physician's signature along with documentation that there was no STEMI [ST-elevated myocardial infarction]. EMP4 confirmed that the ED physician did not note the date and time that the EKG was reviewed.		interpret of the ngly ".  M, hysician's ere was tion]. I not note	P 0352			

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# **Certified End Page**

#### **ALLEGHENY VALLEY HOSPITAL**

STATE LICENSE NUMBER: 790101 SURVEY EXIT DATE: 07/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY